

Vermont State Hospital
Pharmacy & Therapeutics Committee
Minutes
8-23-2007



Facilitator: Dr. Thomas Simpatico

Note taker: Caitlin Bright

Attendees: Michael Sabourin, Tommie Murray, Kate Plummer, Steve Barden, Fran Levine, Mary Beth Bizzari, Wendy Magee

CALL TO ORDER: The meeting was called to order by Dr. Simpatico at 3:35 pm.

Approval of Changes to Formulary

The Pharmacy & Therapeutics Committee has approved the minor changes to the already approved formulary. The formulary will now be sent to the Medical Staff for their approval.

The night closet contents have been updated to reflect what is needed during the night hours, in the hopes of reducing the use of the pharmacy.

High Risk Drug Alerts

Members of our QA Team spoke with the JCAHO surveyors during their visit about look-alike, sound-alike drugs. They suggested that the pharmacist identify the look-alikes and sound-alikes by picking a colored tape to mark them with, and posting something identifying what they colors mean in the pharmacy, night closets, and nursing stations. Mary Beth Bizzari is working on finishing the list of these drugs, and will get the tape. Tommie Murray will be responsible for creating the poster. Wendy Magee will be adding this information into the pharmacy system as well.

Next steps: Approve list of drugs, Implement System

Food/Drug Interaction

1) System for Automatic Consideration of Food and Drug Interactions

Wendy Magee had looked into this issue with the current system – prompting when a certain medication regimen suggests a certain diet. She said that there is a software that goes along with the Pharmacy Software that would do a good job of tracking this. Wendy will price licenses to see if others could have access (nurses, doctors, etc.) so that allergies would get entered into the system even before the doctor is prescribing medications. This would provide an extra barrier of safety, especially if the nutritionist

can also see these interactions. Wendy will report back to the Pharmacy & Therapeutics Committee at the next meeting.

2) Metabolic Syndrome

Dr. Simpatico and Tommie Murray will take the current metabolic syndrome protocol and put it in a format where there could be a default diet (ADA) that would be requested.

Wendy Magee mentioned that Psych Consult could send automatic notes to Deb Bard (the nutritionist) once food restrictions were added to Psych Consult. Deb Bard and Tommie Murray will meet about this to work out what information would be needed.

Deb Bard will report back to the Pharmacy and Therapeutics Committee about what information it would be most helpful to have entered into Psych Consult.

3) Wendy Magee will bring the BMI measurement in Psych Consult live, and Tommie Murray will help to work out who would be responsible for entering the required information at what time in order to track that.

Drug Utilization Review

1) Standardized Orders and Protocols

Medication protocols will be translated to medication order forms. Each order form will trigger diagnostic tests, labs needed to follow guidelines. Myra currently generates tickler lists for the doctors for ordering lab values at specific intervals. Wendy has a lab module set up in Psych Consult to help track this. She'll meet with Myra about streamlining this process.

Pregnancy Test Question

Some protocols (for lithium, for example) require a pregnancy test. How do we deal with patients who are continuously on lithium? There are other medications with the same issue, and we'll need to track this in the new system.

2) Formalize Consultation Process: Drug Utilization Review

A threshold of 2 or more neuroleptics concurrently, triggers the need for a peer consultation. Scott Perry will change the current consultation form to a new form for "Peer Consultation." We have been doing this for some time now. We should view these processes as peer consultation. Create a form specifically to record this, and store it in the consultations section. Wendy suggested that the minimum and maximum dosage levels for medication could be added into the pharmacy software, to create a prompt for the pharmacist to check for the consultation. Dr. Simpatico and Mary Beth Bizzari agreed that this would be an excellent idea.

The process will be:

- MD determines patient need for 2 or more neuroleptics

- MD will obtain peer consultation to accompany pharmacy order
- Pharmacy will dispense only with consultation

Use of PRNs

1) PRN medications are renewed weekly by attending MD for:

- Use of PRN medications which may trigger a change in treatment plan
- Need to continue PRN

2) Use of over the counter products as PRNs

Products such as Tucks, Chapstick will be removed from Pharmacy and placed in hospital supply inventory. Each item will be considered a nursing order not requiring renewal. Wendy has PRN renewal forms coming out of the system automatically.

Doctors could print out a list of all medications by patient, and then choose what to renew or d/c. Wendy and Tommie will discuss this with the doctors so that they know how to use this, as they will need training on the system. Tommie and Wendy will go to a Medical Staff meeting and discuss the new forms.

MAR:

The new MAR will go into effect on September 10th. This won't change the doctors practice. The doctors do need to know that PRN expiration will change from 12pm to 6:44am. (This way the expiring medication won't show up on the next days MAR.) Other than that, she'll mostly be showing samples of what the new 24 hour MAR will look like.

Mary Beth needs to know about court ordered medications in order to label them as such. Wendy will bring examples to the next meeting of a "joint therapy" MAR that might be able to easily track this.

Kate Plummer will report back at the next meeting about how the introduction of the new MAR has gone.

Event Reporting:

1) A new event reporting system is being implemented. The system will track all events. As it relates to P&T, the system will be a repository for all medication variance reports (MVRs) and adverse drug reactions (ADRs). Once in place, we will be able to track and trend data for performance improvement opportunities.

This should go live on 9/17. Any med event will be reported in Quantros. Quantros can send the pharmacist an automatic email regarding adverse drug reactions. Wendy will look into using this automatic feature (once the threshold for what the pharmacist should be notified about is established), though this is a low priority item.

ADRs

We need to move to a standardized way of reporting ADRs. Dr. Simpatico suggested that Dr. Hammel and Kathy Basheer could look into designing a more standardized way of reporting adverse drug reactions, of standardizing thresholds for reporting. Once a standardized definition has been researched and agreed upon, education can be designed based upon that.

Wendy suggested that the Quantros system of training could be examined, as the questions leading to ADR reporting might be a handy starting point for discussion regarding thresholds.

Dr. Simpatico has pulled together some references regarding adverse drug reaction, and is proposing that this be used as a central organizing document going forward for this discussion.

Dr. Simpatico said that Dr. El Sabawahi, one of the DOJ surveyors, had focused strongly on pharmacy information, specifically the clozaril protocol (in addition to those needed to prescribe). Dr. Simpatico will be in contact with him to find out more details of what he has in mind.

Pharmacy Software

Pharmacy software bids are in. There has been one meeting of the selection group so far. A decision will likely be reached within a month or so. The current expectation is for implementation within nine months of the decision.

Therapeutic Activities

Patrick Kinner will be present at the next meeting of the Pharmacy and Therapeutics Committee to discuss aspects of treatment at Vermont State Hospital and a dashboard of standardized care.

Public Comment

There was a question from Michael Sabourin about how the new electronic information systems will help patients.

Dr. Simpatico explained that it would become much easier to give patients information about the medication they were prescribed, in the form of standardized sheets. It would also allow doctors to give patients clear descriptions of all the treatments the patient is participating in, etc.

NEXT MEETING:

The next P&T Committee meeting will be Thursday, October 25th from 3-4:30pm in the Medical Director's office.

Meeting adjourned at 5:00 pm.